

## CLAIMS ONLY

Application Number

10/699,998

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1					
40						
41						
42						
43						
44						
45						
46						
47	1					
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

*			*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72	1					
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99	1					
100		1				
Total Indep						
Total Depend						
Total Claims						

pg 2 of 2

# CLAIMS ONLY

Application Number

10/689,988

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113						
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
Total						
Indep	5					
Total						
Depend	112					
Total						
Claims	117					

	*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depe
151						
52						
53						
54						
55						
56						
57						
58						
59						
160						
161						
62						
63						
64						
65						
66						
67						
68						
69						
170						
71						
72						
73						
74						
75						
76						
77						
78						
79						
180						
81						
82						
83						
84						
85						
86						
87						
88						
89						
190						
91						
92						
93						
94						
95						
96						
97						
98						
99						
200						
Total						
Indep						
Total						
Depend						
Total						
Claims						